

# FORM

	<p>The Corporation of The  <b>Town of Amherstburg</b>                  271 Sandwich St. South, Amherstburg, ON N9V 2A5                  www.amherstburg.ca</p>	
	Form Name:	Request for Grant to Community Groups and Organization

## Part A – Application

Thank you for applying for a Request for Grant to Community Groups and Organizations! Our priority is to support programs or projects with tangible results that enrich and connect residents to their community.

Please answer the following questions in the space provided.

### 1. General Information

Date:			
Committee or Organization Name:			
<b>Contact Person</b>			
Name			
Phone Number			
<b>Organization</b>			
Address			
Phone Number			
E-mail Address			
Website			
Mission/Vision Statement:			
<b>Board of Directors</b>			
	<i>Name</i>	<i>Phone Number</i>	<i>Email</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Insurance Policy Carrier:			

Town Consultations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Department Consulted:	
Non-Profit/Charitable Status Number	

**2. Project or Proposal**

**a. Project Overview: (200 words max):**

**Guidance:** The project overview should present a concise summary of your project. Include the reason for your project, goals and objectives, who will be involved and the amount of funding requested.

Amount requested:	\$
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**b. Project Description: (500 words max):**

The project description should provide in depth details of how you plan to bring your project to life. Include some of the key next steps and activities you will undertake. Market Reach or Attendance. Partnerships or Collaborations.

Amount requested:	\$
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**c. Desired Outcomes: (200 words max):**

This section should also include what will be accomplished and the desired outcomes.

**3. Goals & Objectives:**

Describe the project goals and objective in measurable terms by using the **Timeline and Tasks Completed by Date** requirement below. This timeline should include all major milestones involved in your project.

Name of Task		Projected Completion Date:	
Task Description			
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Task Description			

**4. Budget:**

**a. Budget Breakdown**

Include a budget breakdown of how the grant funding will be used for your project. List and describe actual and pending costs and any other sources of outside income. **Please attach copy of last fiscal operating budget.**

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**b. Funding Sources**

Please list all other funding sources for the project:

Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total amount received or anticipated</b>	<b>\$</b>

**c. Services Required**

What services will your project require from the Town of Amherstburg?

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**d. Services Required**

What services will your project require from the Town of Amherstburg? Example; picnic tables, Public Works services, water, hydro etc. Yes or No and list items?

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**5. Disclosure of Previous Grants**

Has your organization received a grant previously from the program?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount (cumulative)	\$	Year(s)

**6. Volunteers:**

Please describe the number of volunteers and volunteer hours that will be used for your project. How will you recruit and train them for the task?

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**7. Other Information (200 words max):**

Include any other useful information about your project. This could include reference letters, website pages, photos, etc.

Once you have completed the application and post report please **email, mail or fax** your responses to:

Kevin Fox, Municipal Clerk  
271 Sandwich Street  
South Amherstburg, ON  
N9V 2A5

Telephone: 519-736-0012 ext. 2272  
Fax: 519-736-5403  
Email: [kfox@amherstburg.ca](mailto:kfox@amherstburg.ca)

**8. Disclaimer and Signature:**

*I certify that my answers are true and complete to the best of my knowledge.  
I agree to complete an "Annual Report" and disclose all relevant information to the Town. The committee takes full responsibility for the actions of all members and volunteers associated with the committee.*

**Name:**  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Witness Name:**  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

***Incomplete applications will not be considered***